

03/05/02

11059 U.S. PTO

03-06-02

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# UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No. **SPINE 3.0-381**First Inventor **Michael Horan**Title **BIASED ANGULATION BONE, etc.**

Express Mail Label No.

**EL804518455US**

**APPLICATION ELEMENTS**  
 See MPEP chapter 600 concerning utility patent application contents.

**ADDRESS TO:** Commissioner for Patents  
 Washington, DC 20231

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
*(Submit as original, and a duplicate for fee processing)*
2. ☐ Applicant claims small entity status  
 See 37 CFR 1.27.
3. ☒ Specification [Total Pages **41**]  
*(preferred arrangement set forth below)*  
 • Descriptive title of the invention  
 • Cross Reference to Related Applications  
 • Statement Regarding Fed sponsored R & D  
 • Reference to sequence listing, a table,  
 or a computer program listing appendix  
 • Background of the invention  
 • Brief Summary of the invention  
 • Brief Description of the Drawings (if filed)  
 • Detailed Description  
 • Claims  
 • Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets **23**]
5. Oath or Declaration [Total Pages **1**]  
 a. ☐ Newly executed (original or copy)  
 b. ☐ Copy from a prior application (37 CFR 1.63(d))  
*(for continuation/divisional with Box 18 completed)*  
 c. ☐ **DELETION OF INVENTOR(S)**  
 Signed statement attached deleting  
 inventor(s) named in the prior application,  
 see 37 CFR 1.63(d)(2) and 1.33(b)
6. ☐ Application Data Sheet See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or  
 Computer Program (Appendix)
8. ☐ Nucleotide and/or Amino Acid Sequence Submission  
*(if applicable, all necessary)*
- a. ☐ Computer Readable Form (CRF)
- b. Specification Sequence Listing on:  
 i. ☐ CD-ROM or CD-R (2 copies); or ii. ☐ paper
- c. ☐ Statements verifying identity of above copies

## ACCOMPANYING APPLICATIONS PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement ☐ Power of  
*(when there is an assignee)* Attorney
11. ☐ English Translation Document *(if applicable)*
12. ☐ Information Disclosure  
 Statement (IDS)/PTO-1449 ☐ Copies of IDS  
 Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
*(Should be specifically itemized)*
15. ☐ Certified Copy of Priority Document(s)  
*(if foreign priority is claimed)*
16. ☐ Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i)  
 Applicant must attach form PTO/SB/35 or its equivalent
17. ☒ Other **Unexecuted Declaration**
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76  
☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. \_\_\_\_\_  
 Prior application information: Examiner \_\_\_\_\_ Group / Art Unit: \_\_\_\_\_

**For CONTINUATION or DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label

000530

or ☐ Correspondence address below

Name

Address

City

State

Zip Code

Country

Telephone

Fax

Name (Print/Type)

Michael J. Doherty

Registration No. (Attorney/Agent)

40,592

Signature

*Michael J. Doherty*

Date

3/5/02

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10/091068



03/05/02

# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

## Complete If Known

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ ) 1,478.00

Application Number  
Filing Date  
First Named Inventor Michael Horan  
Examiner Name Not Yet Assigned  
Group Art Unit  
Attorney Docket No. SPINE 3.0-381

### METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account  
Deposit Account Number 12-1095  
Deposit Account Name Lerner, David, Littenberg, Krumholz & Mentlik, LLP

The Commissioner is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments  
☒ Charge any additional fee(s) during the pendency of this application  
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

### FEE CALCULATION

#### 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
101	740	201	370
106	330	206	165
107	510	207	255
108	740	208	370
114	160	214	80
SUBTOTAL (1) (\$)			740.00

#### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
47	-20** = 27	18 00	486.00
Independent Claims	8	-3** = 3	84 00
Multiple Dependent			

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
103	18	203	9
102	84	202	42
104	280	204	140
109	84	209	42
110	18	210	9
SUBTOTAL (2) (\$)			738.00

\*\*or number previously paid, if greater; For Reissues, see above

### FEE CALCULATION (continued)

#### 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
105	130	205	65
127	50	227	25
139	130	139	130
147	2,520	147	2,520
112	920*	112	920*
113	1,840*	113	1,840*
115	110	215	55
116	400	216	200
117	920	217	460
118	1,440	218	720
128	1,980	228	990
119	320	219	160
120	320	220	160
121	280	221	140
138	1,510	138	1,510
140	110	240	55
141	1,280	241	640
142	1,280	242	640
143	460	243	230
144	620	244	310
122	130	122	130
123	50	123	50
126	180	126	180
581	40	581	40
146	740	246	370
149	740	249	370
179	740	279	370
169	900	169	900

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ ) 0.00

### SUBMITTED BY

Name (Print/Type) Michael J. Doherty

Registration No. (Attorney/Agent) 40,592

### Complete (if applicable)

Telephone (908) 518-6337

Signature *Michael J. Doherty*

Date 3/5/02